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CLIENT NOTICE

Notification Date: 16 September 2026

Transfusion Investigation Worksheet - Updates -

The **Transfusion Investigation Worksheet**, Form #CF-220301, has been updated to include documentation of pre- and post-transfusion blood pressure and respiratory rate values by nursing staff.

Please **discard all previous versions** of this form and begin using the attached, updated version effective immediately.

Thank you for your attention to this update.

If you have any questions, please feel free to contact
Mary Youngs at 574-204-4452

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Nita Gerig, MD • Chief Medical Officer

Transfusion Investigation Worksheet

Site Name: _____

Nursing Instructions

1. Notify the laboratory of suspected transfusion reaction so that blood specimens can be drawn.
2. After the reaction, 2nd staff member must confirm unit number and patient identity at the bedside. Document under #3 below.
3. Return the blood container(s) with the compatibility tag attached and this form to the Blood Bank laboratory immediately. Be sure the bag is closed securely so that blood cultures can be taken, if necessary. Do **NOT** hold the form and blood container until the post-transfusion urine is collected.
4. Send the first post-transfusion urine specimen labeled "For Transfusion Investigation" with the patient's name, date, hospital #, and time collected to the laboratory.

Patient # _____

Room # _____

Patient Name _____

Physician _____

Age _____

TRXN ACCN _____

Answer All Questions

Nurse _____ Date ____/____/____

1. Pre-Transfusion

Temp _____

B/P _____

Respiratory Rate _____

Pulse _____

Transfusion _____

Date/Time _____

Unit Number(s) Associated with Reaction: _____

Post-Transfusion

Temp _____

B/P _____

Respiratory Rate _____

Pulse _____

Reaction _____

Date/Time _____

2. Unit returned to Blood Bank Services? ☐ Yes ☐ No

Approximate volume remaining _____ mL

3. Patient identity and unit number must be confirmed at bedside RN _____ Date _____

4. Component Transfused

☐ Packed Cells ☐ FFP ☐ Platelets ☐ Cryo

5. Clinical Symptoms

Comments _____

☐ Chill _____

☐ Elevated Temp _____

☐ Dyspnea _____

☐ Nausea _____

☐ Pain (Location) _____

☐ Urticaria _____

☐ Hematuria _____

☐ Shock _____

☐ Jaundice _____

☐ Other _____

Clinical Diagnosis _____

Does Patient Have a History of Fever? ☐ No ☐ Yes

Explain: _____

Previous Transfusion? ☐ No ☐ Yes Date ____/____/____

Describe: _____

Previous Reaction? ☐ No ☐ Yes

Describe: _____

Medications or fluids added to blood? ☐ No ☐ Yes

Describe: _____

Blood Warmed Prior to Transfusion? ☐ No ☐ Yes

Describe how: _____

1. Clerical Check:

Unit _____ ABO/Rh _____

Pt. Absc ☐ Neg ☐ Pos Antibody _____

Crossmatch ☐ IS ☐ AHG ☐ e-XM ☐ N/A

Compatible? ☐ Yes ☐ No Comment _____

Pt name, id on sample match compat tag? ☐ Yes ☐ No

Unit # on unit label match compat tag ☐ Yes ☐ No

2. Laboratory Testing:

Post-transfusion patient ABORH _____

Blood	Hemolysis	Icterus	DAT(Grade)
Pre-Trans.	☐ No ☐ Yes	☐ No ☐ Yes	
Post-Trans.	☐ No ☐ Yes	☐ No ☐ Yes	

Post-Transfusion Urine
Supernatant Occult Blood: _____

If positive, number rbcs/hpf _____

3. Comments:

☐ Laboratory testing not indicated

Tech _____ Date/time _____

☐ Laboratory testing performed at this time is not indicative of a hemolytic transfusion reaction

Tech _____ Date/time _____

☐ Investigation not complete; referred to Dr. _____ for further investigation

Tech _____ Date/time _____

4. Pathologist Report:

☐ Allergic ☐ Hypotensive

☐ Acute Hemolytic ☐ Circulatory Overload

☐ Delayed Serologic ☐ TRALI

☐ Bacterial Contamination ☐ Dyspnea

☐ Febrile, Nonhemolytic ☐ Graft versus Host Disease

☐ Delayed Hemolytic ☐ Posttransfusion purpura

5. Pathologist Interpretation/Comments:

Pathologist _____ Date ____/____/____

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